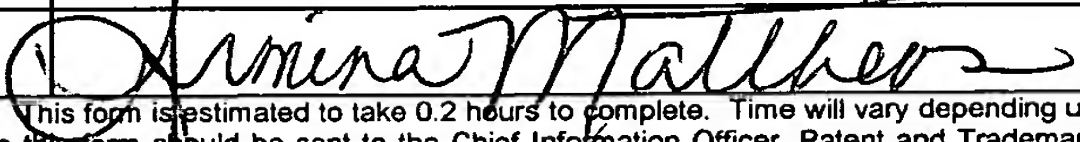


|  |   |  |  |
|--|---|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications<br/>under 37 CFR 1.53(b))</small>  | <b>Attorney Docket No.</b> 9024M            |  |  |
|  | <b>First Inventor</b> Jiping (NMN) Wang     |  |  |
|  | <b>Assignee</b>                             | The Procter & Gamble Company   |  |
|  | <b>Title</b>                                | Using Cationic Celluloses to Enhance<br>Delivery of Fabric Care Benefit Agents   |  |
|  | <b>Express Mail Label No.</b> EU815392897US |  |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents.  |   | <b>Mail Stop Patent Application</b><br><b>ADDRESS TO:</b> Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (e.g., PTO/SB/17)<br/><i>(Submit an original, and a duplicate for fee processing)</i></p><p>2. <input checked="" type="checkbox"/> <b>Specification</b>      <b>Total Pages [23]</b><br/><i>(preferred arrangement set forth below)</i></p><ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul><p>3. <input type="checkbox"/> <b>Drawing(s)</b> (35 USC §113)      <b>Total Sheets [ ]</b></p><p>4. <b>Oath or Declaration</b>      <b>Total pages [2]</b></p><p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br/><i>(for continuation/divisional with Box 17 complete)</i></p><p style="margin-left: 40px;">i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br/>Signed statement attached deleting inventor(s)<br/>named in the prior application,<br/>see 37 CFR §§1.63(d)(2) and 1.33(b).</p><p>5. <input type="checkbox"/> <b>Application Data Sheet.</b> See 37 CFR §1.76</p></div><div style="width: 48%;"><p>6. <input type="checkbox"/> <b>CD-ROM or CD-R</b> in duplicate, large table or<br/>Computer Program (Appendix)</p><p>7. <b>Nucleotide and/or Amino Acid Sequence Submission</b><br/><i>(if applicable, all necessary)</i></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p style="margin-left: 20px;">b. <b>Specification Sequence Listing on:</b></p><p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p style="margin-left: 40px;">ii. <input type="checkbox"/> Paper</p><p style="margin-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p></div></div> |   |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |   |  |  |
| <p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure      <input type="checkbox"/> Copies of IDS<br/>Statement (IDS)/PTO-1449/SB08      Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b><br/><i>(if foreign priority is claimed)</i></p> <p>15. <input type="checkbox"/> <b>Nonpublication Request</b> under 35 U.S.C.<br/>122(b)(2)(B)(i). Applicant must attach form<br/>PTO/SB/35 or its equivalent.</p> <p>16. <input type="checkbox"/> <b>Other:</b> .....</p>   |   |  |  |
| <p><b>17. If a CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:</p> <p style="text-align: center;"><input type="checkbox"/> Continuation      <input type="checkbox"/> Divisional      <input type="checkbox"/> Continuation-in-part (CIP)      of prior application No. <u>  /  </u></p> <p>Prior application information:      Examiner: _____      Group/Art Unit: _____</p> <p><u>For CONTINUATION OR DIVISIONAL APPS only:</u> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>   |   |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |   |  |  |
| <input checked="" type="checkbox"/> Customer Number  |   | (Insert Customer No. here)<br>27752  |  |


|                          |  |  |                   |
|--------------------------|--|--|-------------------|
| <b>Name (Print/Type)</b> | Armina E. Matthews   | <b>Registration No. (Attorney/Agent)</b> | 43,780            |
| <b>Signature</b>         |  | <b>Date</b>                              | September 9, 2003 |

**+** Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



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|---|--------------------------|---------------------|-------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                     |       |
|   | Application Number       |                     |       |
|   | Confirmation Number      |                     |       |
|   | Filing Date              | September 9, 2003   |       |
|   | First Named Inventor     | Jiping (NMN) Wang   |       |
|   | Examiner Name            |                     |       |
|   | Group/Art Unit           |                     |       |
| TOTAL AMOUNT OF PAYMENT (\$)  | 750.00                   | Attorney Docket No. | 9024M |

| <b>METHOD OF PAYMENT (check one)</b>  |                   | <b>FEE CALCULATION (continued)</b>   |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|---|-------------------|--|-------------------------------------|-----------------|----------|-----------------|----------|--------------------|-------------------------------------|-----------------------------------|--------------------------|-------------------|--------------------------|--|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|--|--------------------------|------|------------------|--|--------------------------|------|--------------|---|--------------------------|--------------|-------------------|--|--------------------------|--------------------|-----------------|--|--------------------------|--------------------|-----|--|--------------------------|------|-------|--|--------------------------|------|------------------------|--|--------------------------|-----------------------------------|------|------------------|---------------------------------------|------|-----|---|--------------------------|------|---|--------------------------|--------------------------|------|------------------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number <b>16-2480</b><br>Deposit Account Name <b>The Procter &amp; Gamble Company</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17   |                   | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> |                                     | Code            | (\$)     | Fee Description | Fee Paid | 1051               | 130                                 | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052              | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053               | 130                      | Non-English specification | <input type="checkbox"/> | 1812                   | 2,520                    | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920*             | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/> | 1805 | 1,840*       | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251         | 110               | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252               | 410             | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253               | 930 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | 1,450 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 1,970                  | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401                              | 320  | Notice of Appeal | <input type="checkbox"/>              | 1402 | 320 | Filing a brief in support of an appeal            | <input type="checkbox"/> | 1403 | 280   | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510            | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,300 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 470 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 | For each additional invention to be examined (37 CFR §1.129(b)) | <input type="checkbox"/> | 1801 | 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
| Code  | (\$)              | Fee Description  | Fee Paid                            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1051  | 130               | Surcharge-late filing fee or oath  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052  | 50                | Surcharge-late provisional filing fee or cover sheet   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053  | 130               | Non-English specification  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812  | 2,520             | For filing a request for <i>ex parte</i> reexamination   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804  | 920*              | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1805  | 1,840*            | Requesting publication of SIR after Examiner's action  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1251  | 110               | Extension for reply within 1 <sup>st</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252  | 410               | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253  | 930               | Extension for reply within 3 <sup>rd</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254  | 1,450             | Extension for reply within 4 <sup>th</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255  | 1,970             | Extension for reply within 5 <sup>th</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401  | 320               | Notice of Appeal   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402  | 320               | Filing a brief in support of an appeal   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403  | 280               | Request for oral hearing   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451  | 1,510             | Petition to institute a public use proceeding  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452  | 110               | Petition to revive - unavoidable   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453  | 1,300             | Petition to revive - unintentional   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501  | 1,300             | Utility issue fee (or reissue)   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502  | 470               | Design issue fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460  | 130               | Petitions to the Commissioner  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807  | 50                | Petitions related to provisional applications (37 C.F.R. 1.17(q))  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806  | 180               | Submission of Information Disclosure Statement   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809  | 750               | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810  | 750               | For each additional invention to be examined (37 CFR §1.129(b))  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801  | 750               | Request for Continued Examination (RCE)  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802  | 900               | Request for expedited examination of a design application  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454  | 1300              | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |                   |  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |                   |  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE – Large Entity</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$)[750]</b></td></tr> </tbody> </table> |                   | Code   | (\$)                                | Fee Description | Fee Paid | 1001            | 750      | Utility filing fee | <input checked="" type="checkbox"/> | 1002                              | 330                      | Design filing fee | <input type="checkbox"/> | 1004   | 750                      | Reissue filing fee | <input type="checkbox"/> | 1005                      | 160                      | Provisional filing fee | <input type="checkbox"/> | <b>SUBTOTAL (1)</b>                                    |                          |      | <b>(\$)[750]</b> | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[20] - 20** = [0]</td> <td>[0] x [0]</td> <td>[0] = [0]</td> </tr> <tr> <td>Independent Claims</td> <td>[2] - 3** = [0]</td> <td>[0] x [0]</td> <td>[0]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>[0]</td> <td>[0] = [0]</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>(\$)[750]</b></td></tr> </tbody> </table> |                          |      | Extra Claims | Fee from Below  | Fee Paid                 | Total Claims | [20] - 20** = [0] | [0] x [0]  | [0] = [0]                | Independent Claims | [2] - 3** = [0] | [0] x [0]  | [0]                      | Multiple Dependent |     | [0]  | [0] = [0]                | Code | (\$)  | Fee Description                                  | 1202                     | 18   | Claims in excess of 20 | 1201   | 84                       | Independent claims in excess of 3 | 1203 | 280              | Multiple dependent claim, if not paid | 1204 | 84  | **Reissue independent claims over original patent | 1205                     | 18   | **Reissue claims in excess of 20 & over original patent | <b>SUBTOTAL (2)</b>      |                          |      | <b>(\$)[750]</b> |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)              | Fee Description  | Fee Paid                            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001  | 750               | Utility filing fee   | <input checked="" type="checkbox"/> |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002  | 330               | Design filing fee  | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004  | 750               | Reissue filing fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005  | 160               | Provisional filing fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (1)</b>   |                   |  | <b>(\$)[750]</b>                    |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   | Extra Claims      | Fee from Below   | Fee Paid                            |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | [20] - 20** = [0] | [0] x [0]  | [0] = [0]                           |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | [2] - 3** = [0]   | [0] x [0]  | [0]                                 |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |                   | [0]  | [0] = [0]                           |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)              | Fee Description  |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202  | 18                | Claims in excess of 20   |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201  | 84                | Independent claims in excess of 3  |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203  | 280               | Multiple dependent claim, if not paid  |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204  | 84                | **Reissue independent claims over original patent  |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205  | 18                | **Reissue claims in excess of 20 & over original patent  |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (2)</b>   |                   |  | <b>(\$)[750]</b>                    |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (3)</b>   |                   | <b>SUBTOTAL (3)</b> (\$)[0]  |                                     |                 |          |                 |          |                    |                                     |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                  |  |                          |      |              |   |                          |              |                   |  |                          |                    |                 |  |                          |                    |     |  |                          |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                  |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |  |                                 |                   |
|---------------------|--|---------------------------------|-------------------|
| <b>SUBMITTED BY</b> |  | <b>Complete (if applicable)</b> |                   |
| Name (Print/Type)   | Armina E. Matthews   | Registration No.                | 43,780            |
| Signature           |  | Telephone                       | (513) 627-4210    |
|                     |  | Date                            | September 9, 2003 |

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